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Bib Data Sheet

CONFIRMATION NO. 9828

<b>SERIAL NUMBER</b> 08/963,239	<b>FILING OR 371(c) DATE</b> 11/03/1997 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 13724-787
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 08/605,323 02/14/1996 PAT 5,728,143  
 which is a CIP of 08/515,379 08/15/1995 PAT 5,683,384  
 which is a CIP of 08/290,031 08/12/1994 PAT 5,536,267  
 which is a CIP of 08/148,439 11/08/1993 PAT 5,458,597

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 02/18/1998**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 44	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

22918

**TITLE**

MULTIPLE ANTENNA ABLATION APPARATUS AND METHOD

<b>FILING FEE RECEIVED</b> 1270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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